



Washington Recruitment Group

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Please Fax or Mail Completed Form

DENTIST INTAKE FORM

The Office of Community and Rural Health, a member of the Washington Recruitment Group, works to assist medically underserved (rural and urban) populations improve their access to primary health care. To allow us to match you with compatible practice opportunities, from our database, *please* return this completed form and a current CV. The information you provide will be treated with confidentiality and will only be released with your request/approval.

This form may also be completed by going on line at www.doh.wa.gov/hsga/ocrh and then selecting the "Health Care Provider Jobs in Washington" button and then clicking on the "WRG on-line Form"

First Name	Middle Initial	Last Name	Date Available
Home Address	City	State	Country
			Zip
E-mail	Home phone	Work phone	Cell phone
			Pager

May we call you?

☐ Yes If yes, please state best time(s), place and format (e.g. pager) _____
☐ No

Education and Practice History/Information

Degree: _____ Specialty: _____

☐ DDS

☐ DMD

Undergraduate School: _____ City/State _____ Graduation Date _____

Dental School: _____ City/State _____ Graduation Date _____

Residency: _____ City/State _____ Completion Date _____

Loans/obligations:

☐ NHSC, length of time _____
☐ State of Washington _____
☐ Medical School Loans _____
☐ Other _____

State Licensed:

☐ If yes by which State(s) _____

If currently employed

please state: _____
Name of employer/practice/hospital City, State, Country Employment Dates

Practice Considerations

Will you accept Medicaid and Medicare assignment? ☐ Yes ☐ No ☐ No Preference

Do you want to work with a certain age group? ☐ Yes ☐ No ☐ No Preference If yes, what age (s)? _____

Type of practice desired: (rank each from 1st to 10th based on preference)

____ Multi Specialty Group ____ Solo ____ State Institution ____ Health Department
____ Single Specialty Group ____ Solo w/ Associate ____ Rural Health Clinic
____ Partnership ____ Hospital Based ____ Community/Migrant Health Center

Minimum salary requirements? _____

What is your geographic preference? (Please add any information about where you want to live, to help us place you.)

☐ Western WA ☐ No Preference
☐ Eastern WA Comments: _____

What size community would you prefer? (rank from 1 to 4)

(Remember that our focus is on rural communities) ____ Less than 5,000 ____ 5,000 – 10,000 ____ 10,000 – 25,000
____ 25,000 – 50,000 ____ 50,000 – 100,000 ____ 100,000 – 250,000

Miscellaneous:

Please check one: ☐ US Citizen ☐ Permanent US Visa ☐ Other type of Visa _____

If you are bilingual please tell us which language(s)? _____

What is your reason for leaving your current position? _____

Personal Data

 (This information is OPTIONAL but it will help to better match you and your family to a community and a practice)

Birth Date: _____ Marital status: ☐ Married ☐ Significant other ☐ Single ☐ Divorced

City/State where raised: _____

Name of spouse/significant other and any special needs/interests: _____

Number of children, their ages and any special needs or interests: _____

Long-term professional goals: _____

Any added information you would like to share to help us to match you and your family to a suitable practice opportunity and community? _____

Additional Information:

 (Please let us know how you learned about our service, to help us learn how to best reach others.)

☒ **WRG or OCRH Website** ☐ AHEC @ WSU Spokane ☐ Newspaper/journal advertisement
☐ 3RNet Website ☐ Western Washington AHEC ☐ Conference/exhibit _____
☐ National Health Service Corps ☐ Northwest Regional Primary Care Assn ☐ Other _____
☐ State Loan Repayment Program ☐ Direct contact (phone/fax/email) with who? _____